

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 10/661,281-Conf. #7661
		Filing Date September 12, 2003
		First Named Inventor Michael Rivers, Jr.
		Art Unit 3617
		Examiner Name F. F. Jules
		Attorney Docket Number 14173-00001-US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number. 23416

Please change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/>	The address associated with Customer Number: 23416
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Telephone		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

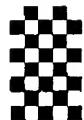
Name Michael Rivers, Jr.

Date May 8, 2006

Telephone 757-227-2105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total or 2 forms are submitted.



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Firm or
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Country:

Telephone:

State:

Zip:

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SIGNATURE of Applicant or Assignee of Record

Signature:

Name:

Marc C. Mathis

Date:

5/13/06

Telephone:

302-668-6139

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

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